

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010295

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

13

Primary Registration District No.

3003

Registrar's No.

34

STATE FILE NUMBER

FILED MAR 21 1963

1. PLACE OF DEATH

a. COUNTY

Barry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Barry

b. CITY (If outside corporate limits give TOWNSHIP only)
OR TOWN

Monett

Length of stay in 1b

17 Months

c. CITY OR TOWN

Monett

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Vincent's Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

603 W. Dunn

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

John

Middle

Dull

Last

Miller

4. DATE OF DEATH

Month

March

Day

15-1963

5. SEX

Male

COLOR OR RACE

White

7. Married

Widowed ☐ Never Married ☒ Divorced ☐

8. DATE OF BIRTH

Jan 2-1893

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance Executive

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Oskaloosa Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Harry C. Miller

13b. MOTHER'S MAIDEN NAME

Elizabeth Mc Miller

14. NAME OF HUSBAND OR WIFE

Verla M. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of.

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Verla M. Miller, Monett Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage
in Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

8 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Influenza

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-28-62 to 3-15-63 and last saw him alive on 3-15-63

Death occurred at 4:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree title)

F. L. D. M.D.

22b. ADDRESS

Monett, Mo 63401

22c. DATE SIGNED

3-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

Mar. 19-1963

23c. NAME OF CEMETERY OR CREMATORY

Forrest Cemetery

23d. LOCATION (City, town, or county)

Oskaloosa Iowa

(State)

24. FUNERAL DIRECTOR

Bennett & Warrington, Monett Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-18-63

26. REGISTRAR'S SIGNATURE

Mrs P. M. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

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0055

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9331X

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12-0

132-0

MAR 25 1963

APR 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Roseclaw Bennett

Licensed Embalmer No. 4213

P. O. Address Monett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.